

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000025644**

1. Entity Name

SGBP CORPORATION

Principal Place of Business

**1000 9TH ST N, SUITE 201
NAPLES FL 34102**

Mailing Address

**1000 9TH ST N, SUITE 201
NAPLES FL 34102-5481**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**PILON, JAMES A
1000 9TH ST N, SUITE 201
NAPLES FL 34102**

4. FEI Number

59-3441939Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PILON, JAMES A	
STREET ADDRESS	1000 9TH ST N, SUITE 201	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Delete
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STREET ADDRESS			
CITY-ST-ZIP			

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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JAMES A. PILON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES A. PILON

Date

1/6/00

Daytime Phone #

941-263-8282**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90052 018 ***150.00

00004233

DO NOT WRITE IN THIS SPACE